



Optometric and Eyeglass Services

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Optometric Service Providers

- Optometrists
- Opticians
- Ophthalmologists
- Walman Optical (Eyeglass contractor)

Topics for Today



1. General **Montana Medicaid** covered services
2. Coverage of specific services
 - Contact lenses
 - Eye exams
 - Eyeglass services
 - Frame services
 - Lens add-ons
 - Replacement Lenses and Frames

Topics Continued



3. Eyeglass Ordering Procedures
4. QMB & SLMB Eligibility
5. Administrative Rules & Fee Schedules
6. Psychiatric Residential Treatment Facility eligible member
7. Question and Answer Time
8. Healthy Montana Kids (HMK) information by

~Gail Moloney~

NEW ICD-10 Diagnosis Codes

- Effective **October 1, 2015**, claims will need to have the new ICD-10 diagnosis codes for them to be paid. See provider notices dated 11/18/2013 and 06/12/2014.
- Free websites for training and conversion:
<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>
- Look for the General Equivalence Mappings (GEMS) tools.
- Will require doctors giving more detail in their procedure notes.





General Covered Services

ADULTS

- Eligible for exam and new lenses every 730 days or 2 years
- Exception: Following cataract surgery, loss of one line of acuity or member has diabetes. 1 per year
- If exam determines Medicaid limits of change in RX then 1 exam/lens every 365 days. No frames.

CHILDREN AGE 20 AND UNDER

- EPSDT allows children to receive medically necessary services including eye exams and eyeglasses.
- Exams, lens and or frame may be replaced as needed for vision change once a year or more if medically necessary.

Specific Services



Contact Lenses

- Covered when medically necessary.
 - Keratoconus
 - Aphakia
 - Anisometropia- 2 diopters or more
 - Vision not corrected to 20/40 with eyeglasses
- Must obtain prior authorization from the Department.
- May be provided by other providers than Walman.



Eye Exams

- Verify eligibility before providing exams.
 - FaxBack 1-800-714-0075
 - Web Portal
 - Integrated Voice Response 1-800-714-0060
 - Call Provider Relations 1-800-624-3958
- Adults – every 2 years
 - Exception: Adult diabetic
 - Following cataract surgery
 - Screening shows loss of 1 line of acuity
- Children – to determine refractive state – once every year

Specific Services



Eyeglass Service

- Check eligibility by contacting one of the 2 eyeglass contract labs
- Circumstances for lens replacement listed in manual
- If change is in 1 eye – Medicaid will replace lens for that eye only.
- Member needing 2 pair of glasses needs to be approved by Program Officer. Fax the request.

Frame Service

- Contractor provides list/samples of covered frames
- Members can use their own existing frames
 - Will be examined to make sure lenses can be inserted
 - Contractor will decide if frame can be used for covered lenses.
 - If existing frame breaks, (after lenses are dispensed to member) Medicaid will pay for new frame but not new lenses. Member can choose private pay for new lenses or find contract frame that lenses will fit.

Specific Services



Lens Add-Ons

- Transition, polycarb, progressive, Round 22 or 24 bifocals, low tint, UV & scratch resistant coating
- Medicaid covers some add-ons or special features and some are available on a private-pay basis.
- Table provided in Medicaid provider manual.



Replacement Lenses/Frames

- All frames carry 24 month warranty on fronts and temples.
- Members must bring broken frames for repair.
- Adults lose eyeglasses within 24 months: Medicaid **will not** pay for another pair.
- Adults lenses are broken or unusable: Member is eligible for replacement lenses only, 365 days after the existing eyeglasses were dispensed.

BASIC Eligibility and Essentials for Employment Form








- Medicaid generally does not cover eye exams or eyeglasses for members with BASIC coverage.
- The local office of public assistance will determine when a service is *essential for employment*, then Medicaid may cover the exam and eyeglasses.
- Member must present an **Essentials for Employment** form to the doctor to start the process of getting it completed.
- Description of diagnosis in the provider manual that Medicaid will pay for an exam. Must have a covered diagnosis on the claim.

BASIC Eligibility and Essentials for Employment Continued

- Check eligibility and if BASIC, then don't make appointment for the first time being seen. Member will bring the form to office to be filed out by doctor. Nothing else happens at this time.
- Give form back to member who then takes it back to county case worker who sends it to Department for verification and authorization of eligibility.
- When member receives form back with all signatures on second page, it is brought to a scheduled appointment for services.
- Send a copy of both pages with prescription to Walman for proof of coverage for a member with BASIC eligibility.

Eyeglass Ordering Procedures



-  Use Montana Medicaid prescription form or electronic system with Walman to order from Department's contractor (Walman Optical).
-  Date of **Fitting** is date the eyeglasses are ordered from contractor.
-  Date of service for eyeglasses is date the order is received by the contractor (not the date you send it).
-  Orders received by contractor after 3:00 PM will be on next business day as date of service.
-  If date of service is near end of month, please fax orders to contractor. On date of performing the exam. Member eligibility can change monthly.



Eyeglass Ordering Procedures Continued

Frame Information section of form:

- Select *Supply* when ordering contract frame and lenses.
- Select *Lenses only* when ordering lenses only.
- Check the EPSDT box when the Medicaid member is age 20 and under.
- Rx Change is used when a lens is ordered to a prescription change that meets guidelines.
- 2nd PR S.V. is used when ordering 2 pairs of single vision eyeglasses when member cannot wear multi-focal eyeglasses.



QMB & SLMB Eligibility

QMB — Qualified Medicare Beneficiary

Medicaid pays the Medicare premium and some or all of the Medicare coinsurance and deductibles.

SLMB — Specified Low-Income Medicare Beneficiaries

Medicaid pays the Medicare premium only. They are not eligible for other Medicaid benefits and must pay their own Medicare coinsurance and deductible.



What to Do with QMB or SLMB

- IF QMB and Medicaid – Member needs to choose Medicaid benefit to able to bill Medicaid and use Walman contracted frames and lenses.
- If QMB only (no Medicaid) – Claim needs to go Medicare and not Medicaid. It will be denied from Medicaid.
- If SLMB – Typically member has no Medicaid eligibility so claim needs to go to Medicare only.

Administrative Rules and Fee Schedules

Optometric Rules

ARM 37.86.2001 – 37.86.2005

<http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E86>



Eyeglass Rules

ARM 37.86.2101 – 37.86.2105

<http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E86>

Fee Schedules: Changes every January for codes using Medicare rates and every July with new RBRVS values.

PRTF Member Eligibility



- If checking eligibility and find **Psychiatric Residential Treatment Facility (PRTF)** member.
 - This changed again in December 31, 2013.
 - No prior authorization is necessary and the PRTF facility is not paying for the service.
 - Bill Medicaid as any other Medicaid member and send orders to Walman as any other Medicaid member.
 - Walman will bill Medicaid and not the PRTF facility any longer.

Common Errors



- ✓ For medically necessary services, include the EPSDT indicator “1” in field 24H of the CMS-1500 claim form for member age 20 and under.
- ✓ Eligibility cards: i.e., difference between HMK and HMK *Plus*
- ✓ Check exam limits and eligibility with Xerox and eyeglass eligibility with a Walman office.
- ✓ Accept payment in full from Medicaid. For add-ons that Medicaid does not cover and Walman sends back as *member pays*. Medicaid asks that you charge only the contract price back to the member.



QUESTIONS?

Contact Information

Xerox Provider Relations for member eligibility and last exam and claim status: 1-800-624-3958

Walman offices for eyeglass information

Billings: 800-759-5501

Missoula: 800-877-3014

DPHHS:

Rena Steyaert, Optometric Program Officer

406-444-4066 or rsteyaert@mt.gov



HMK\CHIP Optometric and Eyeglass Services
Gail Moloney, Optometric Program Officer
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Similar to Medicaid, but some differences.

Kids 18 and Under

- HMK members choose from the same selection of frames that Medicaid does.
- HMK members are eligible for new frames and lenses every 365 days.
- HMK does not replace lost or stolen glasses.
- Members may purchase a duplicate pair at HMK contract prices.
- Medically necessary add-ons must be prior approved.
- Members may pay extra for lens upgrades.
- HMK members do not have a co-pay for hardware.
- Most members have a \$3.00 copay for the exam.
- Exams and dispensing fees are processed through BCBS.

HMK\CHIP Order Form



- Contact Walman Optical for HMK\CHIP order forms. They can insert your provider name and account information on the order form if you wish.
- Remote ordering is available for online ordering.
- Contact either the Billings or Missoula Walmans for more information.
- Attach a copy of the automated FaxBack to the order.

Frame Warranty

HMK frames have a two-year **manufacturer's defect warranty**. Broken parts must be returned for replacement. The warranty does not cover frames that are run over, chewed up, or any other type of abuse. Walman lab or an optician can determine if the frame was defective.



Fitting Tips for Kids

HMK\CHIP members will need prior authorization for a restyle due to poor fit.

- Make sure the temples fit! If the frame has a metal temple, they may be trimmed shorter. Also, check the frame catalog for available lengths.
- Bridge fit is hard to do on kids. Test the fit for slipping before ordering.
- Consider the Rx for best frame selection. 😊

Questions